TOWN OF TRURO BOARD OF HEALTH APPLICATION FOR A REFUSE HAULER PERMIT

newal New		rees	iue upon approv	\$50 Tier II	
Regulations, the unde	GL c.111, Section 31, and a rsigned makes an applicate to remove and transport s	tion to the Boa	rd of Health or a	pproving authority for	
Date of Application:					
Name of Applicant:					
Company Name:					
Address:					
Telephone #:	Emergency 24 F	Emergency 24 Hr. #		Email:	
	ed: Please circle all that ap Pickup 2. One Time Reside		3. Cleanouts	4.Commercial Pickup	
Vehicles used for disp	osal and transport of refus	se:			
Make/Model/Year:	Loa	ad Capacity:	Plate	Number:	
Make/Model/Year:	Loa	ad Capacity:	Plate	Number:	
Make/Model/Year:	Loa	ad Capacity:	Plate	Number:	
List all current hauler pe	rmits held in other Towns:				
CERTIFICATION				_	
I certify that the informa Refuse Hauler Permit is governing the transport	tion I have provided is true a contingent upon my adhere and disposal of solid waste permit to operate and any c	ence to all applic (refuse). Failure	able State laws a to comply may re	nd local regulations esult in the suspension or	
Signature of Applica			Date		

Oct 2012